



IFW

Docket No.: 09879-00036  
AGR-2002/M-221 (PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Thomas Seitz et al.

Conf. No. 8635

Application No.: 10/634,725

Art Unit: 1626

Filed: August 5, 2003

Examiner: SAEED, KAMAL A.

For: 3-AMINOCARBONYL SUBSTITUTED  
BENZOYLPYRAZOLONES

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 10/5/04 Signature: Barbara J. Miller  
(Barbara J. Miller)

**AMENDMENT**


Dear Sir:

In response to the Office Action dated July 15, 2004, please amend the above-identified patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.



AMENDMENT TRANSMITTAL LETTER				Docket No. 09879-00036US																																											
Application No. 10/634,725-Conf. #8635		Filing Date August 5, 2003		Examiner SAEED, KAMAL A.																																											
				Art Unit 1626																																											
Applicant(s): Thomas Seitz et al.																																															
Invention: 3-AMINOCARBONYL SUBSTITUTED BENZOYLPYRAZOLONES																																															
<p align="center"><b>TO THE COMMISSIONER FOR PATENTS</b></p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p>																																															
<table border="1"><thead><tr><th colspan="6">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th>Rate</th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td>13</td><td>- 20 =</td><td></td><td>x</td><td>0.00</td></tr><tr><td>Independent Claims</td><td>1</td><td>- 3 =</td><td></td><td>x</td><td></td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td></td></tr><tr><td colspan="5">Other fee (please specify):</td><td></td></tr><tr><td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td><td><b>0.00</b></td></tr></tbody></table>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	13	- 20 =		x	0.00	Independent Claims	1	- 3 =		x		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>0.00</b>
CLAIMS AS AMENDED																																															
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																																											
Total Claims	13	- 20 =		x	0.00																																										
Independent Claims	1	- 3 =		x																																											
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>																																															
Other fee (please specify):																																															
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>0.00</b>																																										
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																																															
<input checked="" type="checkbox"/> No additional fee is required for this amendment.																																															
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																															
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.																																															
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																															
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>03-2775</u> as described below. A duplicate copy of this sheet is enclosed.																																															
<input checked="" type="checkbox"/> Credit any overpayment.																																															
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																															
 _____ William E. McShane Attorney Reg. No.: 32,707				Dated: <u>October 5, 2004</u>																																											
CONNOLLY BOVE LODGE & HUTZ LLP 1007 North Orange Street P.O. Box 2207 Wilmington, Delaware 19899 (302) 658-9141																																															